



UNCLAIMED PROPERTY HOLDER CLAIM FORM

Purpose: To reimburse Holder for property delivered to the State Treasurer, and subsequently returned to the rightful owner, or to refund an account that has been reported in error, pursuant to the Virginia Unclaimed Property Act.

Note: See page 12 of Holder Report Forms & Instructions booklet for Instructions

A. Contact person _____ Phone number _____
e-mail address _____

B. Holder's Name _____ Holder's Address _____
Holder Federal I.D. No. _____

C. Account Information About Reported Owner(s): Co-owner:

Last Name First Middle Last Name First Middle

Number and Street City State Zip

D. Property Type/Description:

Date Reported to State _____ Amount being claimed _____

Report/Remit Amount _____ Reported: Individually _____

Remittance Date _____ In aggregate _____

Holder Report # _____ Page number _____

Holder Number _____

E. **ATTACH COPY OF CANCELLED CHECK OR RECEIPT SHOWING PAYMENT TO ORIGINAL OWNER OR SUBMIT PROOF OF REACTIVATION OF ACCOUNT.**

F. The holder hereby agrees to release and hold harmless the State and the Treasurer, its officers and employees, from any loss resulting from the payment of this claim. The below named individuals swear and affirm that they are representatives of the Claimant (holder) in the foregoing claim and that the statements in said claim are true to the best of their knowledge.

Must be signed by two principal officers or one officer and an authorized employee.

Typed name (Title) Signature Date

Typed name (Title) Signature Date

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF THE TREASURY
Division of Unclaimed Property
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